



Receipt

**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Denis TOULLIER, et al.

Attorney Docket Q59763

Appln. No.: 09/597,081

Group Art Unit: 2733

Filed: June 20, 2000

Examiner: Not yet assigned

For: MULTIBAND RAMAN AMPLIFIER

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Technology Center 2600

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

We enclose a copy of the Official Filing Receipt for the above-identified application and request the following correction:

Under Foreign Applications, change the priority date from "06/02/1999" to --06/21/1999--.

Verification for the requested correction is indicated on the original executed Declaration filed October 11, 2000.

Respectfully submitted,

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Bib Data Sheet

CONFIRMATION NO. 6081

<b>SERIAL NUMBER</b> 09/597,081	<b>FILING DATE</b> 06/20/2000 <b>RULE</b>	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> <del>2735</del> 2633	<b>ATTORNEY DOCKET NO.</b> Q59763
<b>APPLICANTS</b> Denis Toullier, Fleury Les Aubrais, FRANCE; Jean-Pierre Blondel, Buc, FRANCE; Eric Brandon, Bourg La Reine, FRANCE; Patrice Le Roux, Montlhery, FRANCE;  <b>** CONTINUING DATA *****</b> <i>None</i> <i>MRS</i> <b>** FOREIGN APPLICATIONS *****</b> <i>Yes</i> <i>MRS</i> FRANCE 99 07 814 06/21/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/09/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MRS</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Sughrue Mion Zinn Macpeak & Seas PLLC 2100 Pennsylvania Avenue NW Washington ,DC 20037-3213				
<b>TITLE</b> Multiband raman amplifier				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	